CO94-003-e
Healthcare networks: From acute care through rehabilitation and community care... Where is rehabilitation in the continuum?
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Keywords: Integration of rehabilitation; Healthcare network; Accountability
The development of healthcare networks that contain rehabilitation throughout all stages is critical for the survival and success of rehabilitation and the ability for healthcare to meet the needs of individuals with the need for rehabilitation. Some countries have done a more thorough engagement of rehabilitation in their health care systems. What should a complete rehabilitation healthcare network look like and how can it be developed, nurtured, and made a critical component of health care? The ability for rehabilitation professionals to address the necessity and importance of rehabilitation with measurement of results and transparency with the results and how rehabilitation assists each component be successful is a critical component.
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Social network UNAFTC
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Keyword: UNAFTC
The WHO defines health as a state of complete physical, mental and social, not merely the absence of disease or infirmity. In France, the interministerial committee on disability expressed the Government’s commitment to promote the project of life of people with disabilities, to promote their inclusion in light of the increasing complexity of course, with all the risks of ruptures they contain. These breaks are closely linked to the “partitioning” of actors (health, medical and social, social) and the need to improve the coordination of health course.
One possible answer to these requirements is the creation of health networks, which abolish partition contrary to the requirements of the international definition, and also allow a life course; These networks begin to emerge and integrate synergies focused on wounded supported then accompanied, the tripod that emerges is that of a golf course of health care and become life course, with temporal boundaries crumbling over time, needs overlapping rather than succeed, it is this organizational issue that significantly modifies the support which is discussed here.
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CO94-005-e
Medical and rehabilitative care profiles in adults with cerebral palsy in Brittany
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Keywords: Cerebral palsy; Adults; Medical care; Rehabilitative care; GMFCS Introduction.– The aim of this work was the description of medical and rehabilitative care in a sample of Breton adults with cerebral palsy (CP) as a function of Gross Motor Function Classification System (GMFCS).
Methods.– This study was a transversal descriptive study. Between February 2010 and June 2011, 520 questionnaires regarding the current medical and reha-
bilitative management were sent to the “Breizh PC network”, a unique French network involving adult with CP. The questionnaire was filled by the patient himself when possible and by a helper or a professional when needed. 

*Results.* Two hundred and seventy-seven patients (18–82 ans) returned the questionnaire (53% of respondent). A total of 7.6% of the adults were level I of the GMFCS, 14.1% II, 18.0% III, 29.6% IV and 30.7% V. Number of drug treatments, anti-epileptic, antispastic, antireflux, laxative increased with GMFCS level ($P < 0.01$). Profiles of botulinum toxin injection differed regarding the GMFCS level. Number of mobility aids per adult, medical and paramedical involvement increased with GMFCS level ($P < 0.001$). Orthoses did not differ regarding the GMFCS level.

*Conclusion.* Medical and rehabilitative care were found to be related to the GMFCS level, suggesting care profiles which have to be taken into account for follow-up and treatment strategies in adults with CP.

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**Posters**

P500-e

**Overview of diseases found in a Tunisian physical medicine department**

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Objectives.– To determine an overview of diseases found in an MPR service in order to perform a comprehensive review and adapt management of patients.

Materials and methods.– Retrospective study conducted from statistical records of patients hospitalized in the University Hospital MPRF Sahloul, over a period of three years from January 2007.

Results.– Six hundred and seventy-one patients, sex ratio $m/f = 1.07$. Age average was 46.3 years with a range from 3 to 94 years. Origin governorates of patients were Sousse (46.3%), Kairouan (15.9%), Monastir (11.7%), Mahdia (8.7%) and Kasserine (5.2%). Mean duration of hospitalization was 25.4 days with a range of 1 to 150 days. Diseases most frequently encountered were: spinal cord injury (22.3%), brain stroke (17.2%), low back pain and sciatica (7.7%), total knee replacement (7.0%), complex regional pain syndrome (6.5%), polytrauma sequelae (4.3%).

Discussion.– This overview will allow us to adapt human and material resources to specific patients.

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